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| Texas Workforce Solutions logo | Texas Workforce Commission**Vocational Rehabilitation Services**Supportive Residential Services Progress Report   |
| **Instructions**  |
| Follow the instructions below when completing this form:  * Refer to the contract for additional details;
* Complete the form electronically, answering all questions;
* Before faxing, emailing encrypted, or mailing to the provider, review this form to ensure that all questions have been answered.
 |
| **Report Reporting Period**  |
| **Start Date:**       | **End Date:**       |
| **Customer’s Identification Information**  |
| **Customer’s name:**        |
| **Case ID:**       | **Date of birth:**       |
| **Case Manager Contact Information**  |
| **Case Manager name:**       |
| **Contact number:** (   )       | **Email address:**       |
| **Additional Information Turned in with Report**  |
| **Check all included with the report.**  |
| [ ]  Treatment Plan | [ ]  Facility Documentation | [ ]  Other:       |
| **Customer and Specialist Contacts for Reporting Period**  |
| **Instructions:** * For each week enter the date (mm/dd/yy) of Monday through Sunday in the date column.
* For each day of the week, record the contact made with the customer using the following key:

(C=Chemical Dependency Counseling, E=Chemical Dependency Education, LS=Life skills training, R=Relapse Prevention Education, or O=Other)   * If the category “other” used below, describe the type of contact in the field below
* If the customer is absent from a schedule activity, record an “A”.
 |
| **Week** | **Start Date** (Mon-Sun) | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| 1 |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |       |
| If any “other” entered above, describe:      |
| **Report of Treatment Services**  |
| **Instructions:** Record information for each Chemical Dependency Counseling, Chemical Dependency Education, Life skills training, Relapse Prevention Education, or Other session(s) held during the Reporting Period.   |
| **Date:**       **Length of time the Customer attended the event**:       **Type of Event, check one:**  [ ]  Chemical Dependency Counseling [ ] Chemical Dependency Education[ ]  Life Skills [ ]  Relapse Prevention Education [ ]  Other **Briefly describe and evaluate each session including the purpose/goals of the session, the customer’s skills/performance and/or problematic issues or concerns:**       |
| **Date:**       **Length of time the Customer attended the event**:       **Type of Event, check one:** [ ]  Chemical Dependency Counseling [ ]  Chemical Dependency Education[ ]  Life Skills [ ]  Relapse Prevention Education [ ]  Other **Briefly describe and evaluate each session including the purpose/goals of the session, the customer’s skills/performance and/or problematic issues or concerns:**      |
| **Date:**       **Length of time the Customer attended the event**:       **Type of Event, check one:** [ ]  Chemical Dependency Counseling [ ]  Chemical Dependency Education[ ]  Life Skills [ ]  Relapse Prevention Education [ ]  Other **Briefly describe and evaluate each session including the purpose/goals of the session, the customer’s skills/performance and/or problematic issues or concerns:**      |
| **Date:**       **Length of time the Customer attended the event**:       **Type of Event, check one:** [ ]  Chemical Dependency Counseling [ ]  Chemical Dependency Education[ ]  Life Skills [ ]  Relapse Prevention Education [ ]  Other **Briefly describe and evaluate each session including the purpose/goals of the session, the customer’s skills/performance and/or problematic issues or concerns:**      |
| **Date:**       **Length of time the Customer attended the event**:       **Type of Event, check one:** [ ]  Chemical Dependency Counseling [ ]  Chemical Dependency Education[ ]  Life Skills [ ]  Relapse Prevention Education [ ]  Other **Briefly describe and evaluate each session including the purpose/goals of the session, the customer’s skills/performance and/or problematic issues or concerns:**      |
| **Date:**       **Length of time the Customer attended the event**:       **Type of Event, check one:** [ ]  Chemical Dependency Counseling [ ]  Chemical Dependency Education[ ]  Life Skills [ ]  Relapse Prevention Education [ ]  Other **Briefly describe and evaluate each session including the purpose/goals of the session, the customer’s skills/performance and/or problematic issues or concerns:**      |
| **Date:**       **Length of time the Customer attended the event**:       **Type of Event, check one:** [ ]  Chemical Dependency Counseling [ ]  Chemical Dependency Education[ ]  Life Skills [ ]  Relapse Prevention Education [ ]  Other **Briefly describe and evaluate each session including the purpose/goals of the session, the customer’s skills/performance and/or problematic issues or concerns:**      |
| **Date:**       **Length of time the Customer attended the event**:       **Type of Event, check one:** [ ]  Chemical Dependency Counseling [ ]  Chemical Dependency Education[ ]  Life Skills [ ]  Relapse Prevention Education [ ]  Other **Briefly describe and evaluate each session including the purpose/goals of the session, the customer’s skills/performance and/or problematic issues or concerns:**      |
| **Customer’s Performance-Evaluation of Soft Skills**  |
| **Instructions:** Rate the Customer’s Soft Skills below by checking the appropriate performance level.   |
| **Soft Skill** | **Excellent**:meets expectations | **Fair**:meets expectations most of the time | **Poor**:does not meet expectations | **Not applicable**:not addressed |
|  Ability to learn   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Accuracy and quality of work   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Accepts supervision   | [ ]  | [ ]  | [ ]  | [ ]  |
|  [Adaptability](https://www.southeastern.edu/admin/hr/ee_and_mngr_info/manager_information/ppr_comments.html#adapt)   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Admits mistakes   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Appearance, dress, and hygiene   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Asks for help and clarification as needed   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Attendance   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Communication   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Cooperativeness   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Dependability   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Handles stress   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Initiative   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Listens and pays attention   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Motivation   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Maintains eye contact   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Refrains from unnecessary social interactions   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Relations with authority figures   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Relations with peers   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Respects the rights and privacy of others   | [ ]  | [ ]  | [ ]  | [ ]  |
|  Timeliness and deadline achievement   | [ ]  | [ ]  | [ ]  | [ ]  |
| The customer has abstained from any controlled substances and maintaining medication.   [ ]  Yes [ ]  No**If no, explain:**       |
| The customer continues to follow residential rules. [ ]  Yes [ ]  No**If no, explain:**       |
| **Additional comments on soft skills, if any:**      |
| **Additional Comments** |
| Enter additional comments, if any:      |

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| **Customer Signatures**  |
| **Verification of the customer’s satisfaction and service delivery obtained by:**[ ]  Handwritten signature [ ]  Digital signature (See VR-SFP 3 on Signatures)[ ]  By sending a copy of the document returned with a scanned signature [ ]  Unable to obtain signature, describe attempts:       |
| By signing below, I, the customer, agree with the information recorded within the report above.  If you are not satisfied, do not sign. Contact your VR counselor.  |
| **Customer’s signature:****X** | **Date Signed:**      |
| **Provider Signatures**  |
| **Case Manager**  |
| **By signing below, I, the Case Manager, certify that**:  * the above dates, times, and services are accurate;
* services provided meet the requirements as outlined in 25 TAC 448;
* persons providing services documented the information on the form for the customer represented on this form;
* The customer’s signature on this form was obtained on the date stated in the date field of the form;
* I signed my signature and the date below; and
* Staff maintains qualifications as stated in 25 TAC 488, the Standards, or Service Authorization for the services provided and   documented on this form.
 |
| **Typed or Printed name**:      | **Signature:** (See VR-SFP 3 on Signatures)**X** | **Date Signed**:      |
| **Director** (only required for Traditional-Bilateral Contractors)   |
| **By signing below, I, the Director, certify that:** * I ensure that the services were provided by qualified staff, met all outcomes required for payment, and services were documented, as prescribed in the VR-SFP and service authorization;
* I maintain UNTWISE Director credential, as prescribed in VR-SFP;
* I signed my signature and entered the date below.
 |
| **Director Typed or Printed name**:      | **Director Signature:** (See VR-SFP 3 Signatures)**X** | **Date Signed**:      |
| **Select all that apply:** [ ]  UNTWISE Credentialed with ID:       [ ]  VR3490-Waiver Proof Attached |
| **VRS Use Only**  |
| If any question below is answered no or if the report or supporting documentation is missing or incomplete, return the invoice to the provider with the VR3460. Make a case note to document the results of the review and the date VR3460 was sent to provider, when applicable.     |
| **Technical Review to Verify Provider Qualifications**(Completed by any VR staff such as RA, CSC, VR Counselor)   |
| **Director’s Credential:**   |
| UNTWISE website or attached VR3490 verifies, for the dates of service, the director listed above:  [ ]  maintained or waived the UNTWISE Director Credential [ ]  did **not** hold a valid UNTWISE Director Credential |
| **Verification of Service Delivery**  |
| **Technical Review** (completed by any VR staff such as RA, CSC, VR Counselor)   |
| Verified that the report is accurately completed per form instructions | [ ]  Yes [ ]  No |
| Verified that the service(s) was provided within service date of SA and as stated in the VR Standards for Providers and/or the SA | [ ]  Yes [ ]  No |
| When applicable, verify a copy of an approved VR3472 is attached to the report | [ ]  NA  | [ ]  Yes [ ]  No |
| Verify the customer was actively in the facility and did not have any unexcused or excused absences  | [ ]  Yes [ ]  No |
| Verified the customer's attendance in at least the six hours of required treatment services each week was recorded  | [ ]  Yes [ ]  No |
| Verified that the appropriate fee(s) was invoiced | [ ]  Yes [ ]  No |
| **Print staff member(s) names who completed technical review and/or verified the UNTWISE Credentials:** |
| 1.        | Date:       | 2.        | Date:       |
| **VR Counselor Review**  |
| Verified services were provided in accordance with [25 TAC §448.903](https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=448&rl=903). | [ ]  Yes [ ]  No |
| Verified goals and objectives identified in the treatment plan were addressed and progress documented on the VR3384, Supportive Residential Services Progress Report  | [ ]  Yes [ ]  No |
| **By typing or printing your name, the VRC verifies:** * completion of the technical review,
* services provided met the customer’s individual needs,
* services provided met specifications in the VR-SFP and on the SA, and
* customer’s or legally authorized representative’s satisfaction with services received.

[ ]  **Approve to pay invoice** [ ]  **Do not approve to pay invoice** |
| VR Counselor:        | Date:       |